10.48	FILED MAR 2	(በ 1953	STANDARD CERTIF	CATE OF DEATH	State File No	12738
1/	BIRTH NO.	0 1000 .	_ REG. DIST. NO.	PRIMARY REG. DIST. NO	548 Registrar's No	725
<i>1</i>	1. PLACE OF DEA	тн		2 USUAL RESIDENCE	(Where decreased lived. If inst	litution: posiciones before
~ 1 / h	a. COUNTY ST	LOUL	8	a. STATE MO	b. COUNTY LO	UIS
	b. CITY (If outside cor OR TOWN INFR			C. CITY (If outside corporate lim OR TOWN	nits, write RURAL and give town	154597
l ag	d. FULL NAME OF (ROVES SYMS	d. STREET · (If roun	T <u>ER</u> GROV. ral, give location)	ES ''
ו ט	HOSPITAL OR INSTITUTION	330 W	LOCK WOOD	ADDRESS 330	W- LOCKW	1000
Ř	3. NAME OF DECEASED	s. (First)	b. (Middle)	c. (Last) to	4. DATE (Month)	(Day) (Year)
Į,	(Type or Print)) USAN	ANGELINE 1.7. MARRIED, NEVER MARRIED.	CUMMIN G5	DEATH MCH	3- 1953
ANE	F	COLOR OR RACE	WIDOWED, DIVORCED (Specify)	5-2-1885	9. AGE (In years of those has birthday) Months	Days Hours Min.
PERMANENT	10a. USUAL OCCUPATIO doze during most of workin	ng life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and St. ST. LOUIS	tate or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
d.	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME 14. N	AME OF HUSBAND OR WIFE	E
B	S. A. MES.	SERLEY	ALICE KI	FTCHUM W	S. CUMMI	
MAKE	(Yee, no, openknown) (If	R IN U.S. ARMED		Catherine & M	MATURE OR NAME MASSELLEY 517	Lug land
Ţ	18. CAUSE OF DEATH	I. DISEASE OR C	MEDICAL C	CERTIFICATION	4	INTERVAL BETWEEN ONSET AND DEATH
Z.	Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEAD	OING TO DEATH*(a)	My rosa geen	tallater	Lyear
# بر	*This does not mean ANTECEDENT CAUSES					
5 1			AUSES	1. Tate . a.	المرام والمرام	2 maria
LACE	*This does not mean the mode of dying, such as heart fallure, asthenia,	Morbid condition	es, if any, giving DUE TO (b)	hystoges	sio	2 years
BLACE	the mode of dying, such	Morbid condition	es, if any, giving DUE TO (b)	hypototyes	<u> </u>	2 gravo
	the mode of dying, such os heart fallure, asthenia, etc. It means the dis-	Morbid condition rise to the above of the underlying case	a, if any, giving DUE TO (b) crasse (a) stating use last. DUE TO (c) FICANT CONDITIONS	hypototores	2 = 2 2	2 praco
ADING	the mode of dying, such as heart failure, asthenia, etc. It means the discass, injury, or complication which caused death.	Morbid condition rise to the above c the underlying cas II. OTHER SIGNII Conditions contril related to the disea	AUSE TO (b) Let if any, giving DUE TO (b) Let if any, giving DUE TO (c) DUE TO (c) FICANT CONDITIONS butting to the death but not use or condition causing death.	hyrototy es	2520	2 years
ADING	the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or compileation which caused death. 19a. DATE OF OPERA! TION	Morbid condition rise to the above c the underlying cas II. OTHER SIGNII Conditions contril related to the disea	Le, if any, giving DUE TO (b) crosse (a) stating use last. DUE TO (c) FICANT CONDITIONS busting to the death but not	hysototy es	2520	20. AUTOPSY?
UNFADING	the mode of dying, such as heart failure, asthenia, etc. It means the discuss, injury, or complication which caused death. 19a. DATE OF OPERA! TION TION TION TION TION TION TION TION	Morbid condition- rise to the above of the underlying cat II. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI	AUSE OF INJURY (s.g., is or about	21c. (CITY, TOWN, OR TOWNS		20. AUTOPSY? YES NO X (STATE)
UNFADING	the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or compileation which caused death. 19a. DATE OF OPERA! TION	Morbid condition- rise to the above of the underlying cat II. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI	AUSE TO (b) Let I any, giving DUE TO (b) DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death. DINGS OF OPERATION	Zic. (CITY, TOWN, OR TOWNS		YES . NO X
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THE DIVISION OF HEALTH OF MISSOURI

STATEMENT BY LICENSED EMBALMER

M.

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate v	vas embalu	ed by me, or l)y
	Student	Embalmer	Mo	
orking under my personal supervision.		,		

vision.

P. O. Address Thelaster Scropes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.